

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567386

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9	/		/				59						
10	/		/				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14			13				64						
15			13				65						
16			13				66						
17	/		13				67						
18			1				68						
19			1				69						
20	/						70						
21			1				71						
22			2				72						
23			1				73						
24			13				74						
25			1				75						
26			6				76						
27			6				77						
28	/		1				78						
29	/						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	17												
TOTAL DEP.	29												
TOTAL CLAIMS	76												
	14												
	7												
	21												